

Commonwealth of Kentucky  
Kentucky State Board for Proprietary Education  
PO Box 1360  
Frankfort, Kentucky 40602  
502/564-3296, ext. 239

APPLICATION TO OPERATE A  
COMMERCIAL DRIVER LICENSE TRAINING SCHOOL  
RESIDENT

(Please type or print clearly)

School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Telephone Number)

School Web Site Address: \_\_\_\_\_

Date school was established: \_\_\_\_\_

Type of ownership: ( ) Individual ( ) Partnership ( ) Corporation

Name of Corporation: \_\_\_\_\_

Address/Telephone # of Corporation: \_\_\_\_\_

Date and state of incorporation: \_\_\_\_\_

Complete name and address of **all** owners or officers if incorporated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address, phone number, and e-mail address for administrative contact person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the school ever been cited to cease and desist operation from any act or practice by the Federal Trade Commission? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

Has the school ever been cited to cease and desist operation in another state? \_\_\_ Yes \_\_\_ No

If yes, what state? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Has the school ever been refused approval by a Federal Agency, State Agency, or a National Accrediting Association? \_\_\_Yes \_\_\_No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

List names of approvals by other agencies and/or accrediting associations: \_\_\_\_\_  
 \_\_\_\_\_

Is your school licensed in any other state as a resident or non-resident school? \_\_\_Yes \_\_\_No If yes, list all states \_\_\_\_\_  
 \_\_\_\_\_

**ADMINISTRATION AND SUPERVISION**

List name and title of all management, administrative, and supervisory personnel.

A. Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_

B. Name and Title of Chief Administrator: \_\_\_\_\_

C. Name of person responsible for the instructional program and the instructor personnel:  
 Name: \_\_\_\_\_ Title \_\_\_\_\_

**OTHER SCHOOL INFORMATION**

A. Enrollment Data:

	DAY	EVENING
(1) Present Enrollment	_____	_____
(2) Total number enrolled preceding year	_____	_____
(3) Number of graduates preceding year	_____	_____

B. School's Operational Time:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Day							
Evening							

C. Total number of instructional staff:  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Total \_\_\_\_\_

D. Number of agents (recruiters) soliciting students in the Commonwealth of Kentucky:  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Total \_\_\_\_\_

**COURSES TO BE OFFERED**

List courses submitted for Board approval. List course(s) by title as it will appear on the school's Certificate of Licensure. (Attach separate sheet if necessary.)

Name of Course	Type of Program (Certificate/Diploma)	Estimated Time to Complete	Length of Program	Hrs/Wks/Credit Hours
1.				
2.				
3.				

List **all** Federal and/or State Financial Aid programs offered by the school:

Name/Title \_\_\_\_\_ Type \_\_\_\_\_

Name/Title \_\_\_\_\_ Type \_\_\_\_\_

List **all** financial institutions used for students to finance tuition costs (name, address and telephone number): (Attach a separate sheet if necessary.)

_____	_____
_____	_____
_____	_____
_____	_____

Does the school offer job placement assistance?  Yes  No

If yes, give details (attach separate sheet if necessary): \_\_\_\_\_

**SUPPORTING MATERIAL**

The following supporting documentation **must** be submitted with this application.

- Proprietary School Bond (PE-005) or an irrevocable letter of credit at a financial institution made in favor of the Kentucky State Board for Proprietary Education and in the minimum amount of \$20,000.
- Student contract forms.
- Student enrollment form, complete with school's Refund Policy. **Refund policy must be the same as in the school catalog (see item 10 i.).**
- Student attendance, progress, and conduct forms.
- Sample of certificate, diploma, and/or Associate Degree issued upon successful completion of program(s).
- Instructor License application on each instructional staff member and fingerprint card. Agent permit application on each agent/recruiter and fingerprint card.
- School's Financial Statement. Submit Balance Sheet type financial statement for school only certified as true and correct by the appropriate school official or CPA.
- Fire inspection report indicating compliance with all fire and safety codes. A certificate of compliance from the local health department should be submitted for schools utilizing food/kitchen area for instruction.
- Complete equipment inventory with equipment listed by course or program.
- School catalog, bulletin, brochure, or other duplicated publication distributed to students. This document **must** be certified as true and correct in content by the appropriate school official and **must** contain the following information:

- a. Title, volume number, and date of issue.
  - b. Official name of the school, its governing body, officials, and faculty.
  - c. A calendar of the school showing legal holidays, beginning and ending dates of each quarter, term, or semester, and other important dates.
  - d. School policy and regulations regarding enrollment with respect to enrollment dates, specific entrance requirements for each course.
  - e. School policy regarding absence, class cuts, make-up work, tardiness, and interruptions for unsatisfactory attendance.
  - f. School policy and regulations relating to standards of progress required of the student. This policy should define the grading system of the school; the minimum grades considered satisfactory; grades or progress; and a description of the probationary period, if any, allowed by the school; and conditions of re-entrance for those students dismissed for unsatisfactory conduct. Also, a statement regarding progress records kept by the school and furnished to the student.
  - g. School policy and regulations relating to student conduct and conditions for dismissal for unsatisfactory conduct.
  - h. Detailed schedule of fees, charges for tuition, books, supplies, tools, student activities, laboratory fees, service charges, rentals, deposits, and all other charges.
  - i. School policy and regulation of the refund policy. This includes the refund of the unused portion of tuition, fees, and other charges in the event of the student does not enter the course, withdraws from the course, or the course is discontinued in any other manner.
  - j. A description of the available space and facilities including a floor plan indicating the dimensions of all classrooms, activity areas, laboratories, school office area, etc.
  - k. A Course Outline for each course offered for which approval is requested, reflecting subjects or units in each course; type of work or skill to be learned; and the approximate time and clock hours to be spent on each subject or unit.
  - l. School policy and regulations relating to granting credit for previous education and training.
11. Signed and notarized statement by each owner indicating they are 21 years of age or over; a resident of the Commonwealth of Kentucky for at least one (1) year next preceding the application for the CDL driver training school; and are of good moral character.
  12. Copy of liability insurance coverage policy of the facility, instructors, students while operating driver training school equipment, and all vehicles, including trailers. Documentation must include all serial numbers and/or vehicle identification numbers (See KRS 165A.475 (1) (d) for coverage limits). Documentation must indicate if the vehicle and/or trailer is used on the school premises or is driven on the public roadways.
  13. Minimum instructor qualifications.

#### **APPLICATION SUBMISSION AND FEES**

- ? The application fee is \$200 and initial licensure fee is \$300. Upon submission of this application a contribution to the Student Protection Fund in the amount of \$300 is required in accordance with KRS 165A.450. All fees must be submitted by certified check or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.** The application fee and initial licensure fees may be submitted in one payment. The \$300 contribution to the SPF must be issued separately. **These fees are non-refundable.**
- ? The completed application must be submitted to the board office at the address indicated in the heading of this application or to the following street address: **911 Leawood Drive, Frankfort, KY 40601.**

***State law requires a state and national criminal history background check of all school owners, if incorporated all officers, and school director and/or administrator as a condition of applying for this license. Any person who refuses to submit to a criminal history background check shall not be***

***eligible to apply for, or be issued, a license to operate a CDL driver training school.***

**AFFIDAVIT**

I hereby certify that the contents of this Resident School Application packet as submitted to the Kentucky State Board for Proprietary Education is true and correct in its entirety. In addition, I hereby pledge to follow all laws, administrative regulations, and standards set forth under Kentucky Revised Statutes Chapter 165A.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Authorized School Official

Date